

## Prayer at the Bedside

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**Keywords:** Nursing | Spiritual Care | Prayer | Watson caring science

**\*\*\*Note: Full text of article below**

# Prayer at the Bedside

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## Abstract

**This article is designed to assist nurses in providing prayer to patients from all faith traditions. Included are guidelines for conducting an assessment to determine the patient's prayer preferences, strategies for overcoming barriers to prayer, resources for finding suitable prayers for healing, and some short, practical prayers for nurses and patients. Praying with patients is one way for nurses to honor a patient's spirit through Watson's caring science. The goal is to assist nurses to include prayer in their practice for patients who desire prayer.**

*Key Words: Prayer; praying with patients, nurses praying with patients, Watson caring science*

## Introduction

Spiritual care has long been recognized as essential in providing holistic care to patients. Rieg, Mason, and Preston (2006) noted that most nurses recognize spiritual care as an essential component of care. Spiritual care is a component of mental and social health, and nursing involves healing the body, mind, and spirit and is an integral piece of providing compassionate healthcare for those from all cultures. Spiritual care remains one of the oldest methods of alleviating suffering and promoting healing. Encouraging nurses to provide spiritual care is not new. Florence Nightingale regularly addressed the spiritual needs of her patients and believed that prayer "is the process of linking the outward personal self with the inward divine spirit" (Macrae, 2001, p. 93). The Joint Commission (TJC) (2008) and the American Nurses Credentialing Center (ANCC) (2008), which provides Magnet certification, both encouraged nurses to meet the spiritual needs of patients. Both the American Nurses Association (ANA) *Code of Ethics* (2005) and the International Council of Nurses *Code of Ethics* (2006) encouraged nurses to provide spiritual care, including prayer if the patient so desires. The professional expectation to meet

spiritual needs, including praying with patients and families, is also reflected in standardized nursing languages, including Nursing Diagnosis (NANDA International, 2008), Nursing Intervention Classifications (NIC) (Bulechek, Butcher, & Dochterman, 2008), and Nursing Outcome Classifications (NOC) (Moorhead, Johnson, Maas, & Swan, 2008) (commonly referred to as NNN language). (Johnson et al, 2006). Delegato (2007) argued that nurses have a responsibility to engage in activities that are restorative in all three areas - body, mind, and spirit. She argued that nurses can improve spiritual care outcomes by supporting and facilitating the patient and family's need for prayer. French and Narayanasamy (2011) pointed out that several studies suggested a correlation between prayer and health, and that throughout the world our patients have become more interested than ever in spiritual issues as a part of their healthcare. Unfortunately, staff may not recognize the importance of prayer for some patients or realize that some patients desire prayers. Staff may also feel ethical dilemmas about praying with patients and may not know how to pray with them. This article describes how prayer can fit into nursing practice, provides strategies to overcome barriers to prayer, and includes some short, practical prayers for nurses and patients.

## How Prayer Fits into Nursing Practice

There are several ways that nurses can provide spiritual care. One is through prayer with patients at the bedside. Nurses can build trust by becoming aware of and respecting patients' beliefs, religious practices, and prayer preferences. All of these practices, however, must focus on the patient's usual practices and be led by the patient, to avoid coercion. Some nurses believe it is against their own values to pray with patients. Some believe it is wrong and unethical (French & Narayanasamy, 2011) to pray with a patient of a different faith. Some have no belief in the power of prayer or are agnostic or atheist. Nurses can choose not to pray with patients and refer patients who request prayers to another nurse. This article is designed to assist nurses who are open to the idea of praying with patients and want further information.

## Watson's Human Caring Science Promotes Bedside Prayer

Watson (2008) believed all people are spiritually connected and that nurses can create a healing environment when they reverently and respectfully assist patients with their basic needs. Prayer is reflected in the main tenets of *caritas science*, which encourages us to practice loving kindness and cultivate spiritual practices and the transpersonal self. Prayer supports *caritas process 2*, which states, being authentically present: Enabling, sustaining, and honoring faith, hope and deep belief system. Watson cited Dossey's (1993) work on prayer, distant healing, and faith and hope in making a strong case of the role of prayer locally or at a distance.

When praying with patients, nurses may also cultivate their own spiritual growth and develop and sustain authentic helping-trust

relationships, and create a healing environment for our patients. Watson also believed that the caring moment is the essence of nursing and in each caring moment both the patient and nurse may be transformed. In that moment, when the nurse is genuinely present, we honor the patient's spirit. One way to ensure that both the patient and nurse are centered in the moment, and both are genuinely present, is to pray together.

Watson's work may also assist nurses to truly be able to enter into and stay within our patients frames of reference. This may be especially helpful to a nurse who is struggling with being authentically present during prayer when the nurse is of a different faith tradition than a patient. Focusing on being alert, responsive, and genuinely present to the patient during prayer may assist the nurse to focus on the patient's spiritual needs and wishes, even though the patient's needs and wishes are very different than the nurses. Watson pointed out that attending to a patient by staying in the patient's frame of reference may also lead to a turning point or life changing experience in the nurse's spiritual life. Thus a moment of prayer may live on for both the nurse and the patient.

#### **Assessment and Bedside Clues that a Patient or Family Desires Prayer**

Several assessment tools have been developed to assess the spiritual needs of patients. Reig, Mason, and Preston (2006) offered several options for nurses to use when conducting a spiritual assessment and Delgado (2007) developed a six-question spiritual assessment. Nurses who wish to conduct a formal, in-depth spiritual assessment are encouraged to use these resources. A simple three-question assessment to determine a patient's prayer preferences can be incorporated into patient care (Table 1).

Ideally, an assessment should be conducted with every patient and a plan for meeting spiritual or prayer needs should be a part of every patient's care plan.

Table 1

#### *Brief Assessment to Determine a Patient's Prayer Preferences*

1. Would you like me to pray with you?
2. How would you like me to pray for you?
3. To whom shall we pray?

These three questions have been adapted from Taylor (2003).  
For comprehensive spiritual assessments see Delgado (2007).

Unfortunately, there are some barriers that prevent nurses from assessing patients' prayer preferences. The first barrier is lack of comfort in asking questions about prayer. The second is the nurse's belief that there is not enough time in the day to complete an assessment. Finally, assessing a patient's prayer preferences is not customary care, and nurses may not wish to ask questions of patients regarding their prayer preferences. Also, the nurse may experience other barriers to conducting a spiritual assessment. In order to assist nurses, we have provided a simple assessment strategy that also encourages nurses to be authentically present in the moment by attuning to subtle spiritual cues from the patient.

Assessment of a patient's desire to pray can be completed at the bedside by first scanning a patient's room for evidence of spiritual beliefs and prayer preferences. Visible cues are available and nurses can tune into these clues or signs indicating which patients will appreciate having nurses pray with them. These signs may include visits from clergy (the patient's own clergy or the hospital chaplain) or the presence of a cross, prayer beads, rosary, Star of David, or the Hebrew Scriptures, Bible, Koran, Bhagavad-Gita, Four Noble Truths, or other spiritual and inspirational books. Patients may post signs on their door or in their room to support their desire for prayer. For example, one patient hung a sign that read "I will walk with Jesus" and another patient posted a scripture verse so he could read it from his bed. These signs provide nurses an opening to ask about prayer. Watson (2008)

called this "reading the field" in order to stay authentically present in the moment with the patient (p. 79).

#### **Benefits of Prayer**

There are many potential benefits of prayer. Prayer can help achieve peace (Mosley & Hill, 2003) and promote feelings of calm, relief, rest, and well-being. French and Narayanasamy (2011) noted several studies where prayer was shown to promote healing and recovery. It can thus be an effective adjunct to medical care (Dossey, 1993; Harris et al., 1999; Watson, 2008) and an effective coping strategy (Meraviglia, 2002) for those who believe in it. Finally, prayer may inspire hope (Kautz, 2008).

There are many definitions of prayer, but this definition can be very useful for nurses: Prayer is a personal communication with one's God or the higher power of one's belief system. (Dossey, 1993; Taylor & Outlaw, 2002). Prayer is a form of complementary and alternative medicine therapy. A survey completed by the Centers for Disease Control and Prevention (Barnes, Powell-Griner, McFann, & Nahin, 2004) found that 33% more Americans used integrative medicine in 2002 than in the prior year and prayer was the most widely used of the therapies. Forty-three percent of Americans pray for their health, 24% pray for the health of others, and 10% participate in prayer groups for their health.

Two patient examples illustrate the impact of prayer on health. One patient said, "I'm active in church, but I am just in awe at all the prayer lists I'm on. I have people praying for me I don't even know." And

another, "I am not a spiritual person by nature. But since my accident, people have been praying for me and I can feel the presence of those prayers." These statements reflect the belief of many, that we are all spiritually connected and that praying together will promote spiritual growth in both the patient and the nurse. Patients and their families often need prayer. Patients' problems may result in the loss of physical and/or mental function, which require the patient and family to adopt a whole new life. A patient may need to integrate his/her old self into a new self. Feelings of anger, sadness, and depression often accompany an illness, and patients and families need to learn to cope with and overcome these feelings (Kautz, 2008). Some may even feel hopeless. Prayer may be an effective way for patients and families to cope with and overcome these feelings.

Nurses are in an especially good place to provide prayer because of the close relationships they have with patients and families. In addition, because nurses are available 24 hours a day in inpatient settings, they can pray with patients in the morning, at night, and at other times of the day. Through the creative use of self (Watson, 2008) nurses can assist patients to pray to foster hope.

### World Prayer Project

One barrier to praying with patients is not knowing what to say or fear of offending the patient. A variety of resources are available for nurses, patients, patients' families, and other members of the team to assist in praying. Consulting these resources and having some prayers from different faith traditions available can help nurses to know what to say and to reduce their fear of offending someone. The World Prayer Project ([www.worldprayers.org](http://www.worldprayers.org)) is a non-profit organization established to improve human relations by celebrating many forms of prayer. The project is a multicultural prayer collective that gathers prayer classics from around the world. Their purposes are inspiration, study, and cross cultural

appreciation and they encourage others to submit their favorite verses. Their web site is a comprehensive web resource that is easy to navigate and very informative. A nurse who wishes to learn how to address a prayer to Allah, Yeshua, Shi Ramakrishna or other Hindu deity, or another divine being can access prayers from the World Prayer Project web site and practice saying these prayers to be more comfortable when praying with patients who are of a different faith tradition than the nurse. The authors have modified several prayers of different faith traditions obtained from this site and published these in an article, *Nurse Please Pray with Me* (Hubbart, Cory, Kautz, & Rasmussen, 2009). We have included four additional short prayers (Table 2), which can be prayed with or offered to patients or families of any faith tradition. We encourage nurses to modify these prayers as needed.

### Barriers to Prayer and Strategies to Overcome Them

Nurses confront many barriers that prevent them from praying with patients. For example, nurses may lack the confidence to pray with patients, particularly since this is not addressed as a nursing practice. Also, there is some role uncertainty—nurses do not know whether it is okay to pray with patients or whether praying is solely the chaplain's role. Probably the greatest barrier is nurses' lack of time to pray with patients. Nurses may be so busy attending to physical care that they overlook the patient's emotional and spiritual needs. Sometimes it seems that the chaplain is the only one with time to sit with the patient (Sussman, 2000).

Other concerns nurses have in praying with patients may have to do with cultural issues. It is not always clear who is

Table 2  
*Prayers Rehabilitation Nurses Can Say With Patients and Families\**

|   |
|---|
| <p style="text-align: center;">A Prayer for Comfort and Meaning</p> <p>May today bring comfort and create peace. Help _____ (insert name) find meaning from this illness. We pray in the name of the one who created us, sustains us, and gives us meaning in our lives. Amen.</p>  |
| <p style="text-align: center;">A Blessing</p> <p style="text-align: center;">(Adapted from a Blessing by Deborah Larrimore, RN)</p> <p>May _____ (insert name) be at peace.<br/> May _____ (insert name) remain open.<br/> May _____ (insert name) feel love, compassion, and human kindness.<br/> And, may _____ (insert name) feel whole within his/her body, mind, and spirit.</p> |
| <p style="text-align: center;">A Prayer to Relieve Pain</p> <p style="text-align: center;">(Adapted from the World Prayer Project)</p> <p>Be with me in my time of weakness and pain.<br/> Sustain me by your grace that my courage may not fail.<br/> Heal me according to your will.</p>  |
| <p style="text-align: center;">A Morning Prayer</p> <p>Dear God, Our Heavenly Father,<br/> It is me again. Calm my fears and anxieties.<br/> Help me to be loving and kind to all I meet today.<br/> Thank you for the opportunities of this day.</p>   |
| <p>Note: Additional short prayers for nurses to pray with patients from several faith traditions can be located at<br/> <a href="http://www.rnjournal.com/journal_of_nursing/nurse,_please_pray_with_me.htm">http://www.rnjournal.com/journal_of_nursing/nurse,_please_pray_with_me.htm</a></p>   |

\* Nurses are encouraged to adapt these prayers as needed.

appropriate to meet patients' spiritual needs or whether a nurse should offer to pray with someone of a different faith. Staff nurses have told the authors that patients of devout faith sometimes only want a member of their clergy or someone of the same faith to pray with them or for them. Other patients may be open to any staff member praying with them or for them. This can be a sensitive issue, but it can be addressed if nurses are sensitive to differences. Nurses may ask patients about prayer and then pray with those who are interested and offer other spiritual care for those who are not. Nurses may find that a patient and family want the nurse to be present while they pray to be there to give support and comfort. Or nurses may simply provide privacy and spiritual space for patients to pray by themselves.

### Practical Bedside Prayers

Providing some short prayers for nurses to have available can increase the comfort of the nurse, patient, and family in praying. Nurses can also increase their comfort level by first praying with patients who ask for prayer. Also, they can talk about the benefits of prayer during staff meetings, opening the door for both nurses and patients. Nurses can have a screen saver or sign on the unit: "Our nurses will pray with you if you like" or wear a name-tag type badge that states, "I will pray with you" with different faith symbols (Figure 1).

Nurses may have requests from patients and families to read the Bible or Koran with them or to sing hymns with them.

Nurses can also suggest books to patients and families written by people who have experienced health problems similar to theirs and discussed how prayer contributed to their recovery. Kirk Douglas (2002), for example, in the book about his stroke, *My Stroke of Luck*, discussed how his Jewish faith helped him. In his book *Nothing is Impossible*, Christopher Reeve (2002) discussed how his Unitarian Universalist faith gave him strength in the 10 years following his paralysis. He also chronicled his early recovery in *Still Me* (Reeve, 1998). Kautz (2007) has used children's books to inspire and provide hope, two such books that nurses can share with patients and families of any faith tradition are *The Three Questions* by Jon J. Muth (2002) and *Granddad's Prayers of the Earth* by Douglas Wood (1999). In *The Three Questions*, Muth reminded us:

The most important time is now. The most important one is the one you are with. And the most important thing is to do good for the one who is standing at your side. These are the answers to what is most important in the world. This is why we are here. (2002, pp. 27-28)

*Granddad's Prayers of the Earth* was written to help those who have forgotten how to pray. One of the most profound statements in the book is, "We pray because we are here—not to change the world, but to change ourselves. Because it is when we change ourselves...that the world is changed." Another resource for inspirational material and prayers is on the website,

youtube.com. Nurses can assist patients and families to find prayers and other videos there to give them peace, help them sleep, relieve pain, and inspire them to go through the day. There are prayers and inspirational songs of all faith traditions on youtube.com. And the best thing about viewing a video on the site is that, afterward the site automatically identifies dozens of similar videos, just a click away.

### A Caution About Prayer

It is important to be sure that the focus of prayers is on the patient's and family's needs and beliefs, not the nurse's. Nurses need to verify religious preference information in the patient's medical record and they should refrain from proselytizing or evangelizing, as these are never appropriate activities. Prayer should be patient led or it may come across as coercive. The nurse's goal must always be to do what the patient asks the nurse to do.

### Research on Praying with Patients and Families

Several authors have summarized the research that indicates that some patients want and even expect nurses to pray with them (Delgado, 2007; French & Narayanasamy, 2011; Gaskamp, Sutter, & Meraviglia, 2006; Reig, Mason, & Preston, 2006; Taylor, 2003). Prayer is such a personal activity; however, those patients' preferences for prayer are likely to vary widely. The research that is most needed is research that identifies the best ways to approach patients and families about prayer and the best ways for nurses to meet patients' and families' prayer needs. Clinically based nursing research should focus on best practices in meeting the prayer needs of patients from varying faiths and multiple cultures.

### Conclusion

Regardless of the faith tradition or practices of the patient, family, or nurse, the time taken to pray may provide comfort and renewal for all present. And in these

# I will pray with you



Figure 1. Sample "Name Pin."



moments we may change ourselves, which is the only way we can change the world.

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